

NAME: _____ FFID#: _____

FIRE SERVICE INSTRUCTOR I – NFPA Standard 1041 Compliance

All objectives of NFPA Standard 1041, Fire Service Instructor I, must be addressed by an approved training methodology prior to acceptance into the certification testing process. Check off below the methodology utilized for this examination application:

Practical Skills Evaluation Sheets

Each candidate for Fire Service Instructor I Certification must be provided with, exposed to, and evaluated on all Fire Service Instructor I Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate's initials in this section acknowledge receipt of a copy of all Fire Service Instructor I Skills Evaluation Sheets.

I hereby acknowledge receipt of the Fire Service Instructor I Practical Skills Evaluation Sheets.

Candidate Initials:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Compliance Method 1 - Successful completion of the Connecticut Fire Academy Fire Service Instructor I training program |
| <input type="checkbox"/> | Compliance Method 2 - Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Fire Service Instructor I accredited certification |
| <input type="checkbox"/> | Compliance Method 3 - Educational program. (Prior CFPC approval required) |
| <input type="checkbox"/> | Compliance Method 4 - Examination Challenge – Director of Certification approval required |

By signing below, I certify that this candidate completed a training program designed to meet or exceed the requirements of NFPA 1041 Chapter 4, 2012 edition, *Standard for Fire Service Instructor Professional Qualifications*, Fire Service Instructor I. This candidate has achieved satisfactory scores on all examinations, demonstrated proficiency in all skill evaluations identified for that level by having been observed and evaluated by a certified and qualified Fire Service Instructor in the accomplishment of these skills, per *Regulations of Connecticut State Agencies*, Section 7-323I. I have reviewed all training records indicating dates and times of training and verified that this candidate is prepared for the certification process.

Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date